



# City of Alamo Heights Certificate of Occupancy Application

Planning and Development Services Department  
6116 Broadway, San Antonio, Texas 78209  
o: (210) 826-0516 f: (210) 822-5181

Business Address & Suite: \_\_\_\_\_

Business Name: \_\_\_\_\_ ☐ Same as DBA

Business Owner/Manager (Individual-not company) Name: \_\_\_\_\_

Business Owner/Manager secondary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

TX Drivers License #: \_\_\_\_\_

Sales Tax ID #: \_\_\_\_\_ Tax Exempt #: \_\_\_\_\_  
(please attach, if applicable) (please attach, if applicable)

Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Please Check Only One:

- |  |   |
|--|---|
| <input type="checkbox"/> New Tenant (FD/BI)  | <input type="checkbox"/> Expanding/Increasing Lease Space (FD/BI) |
| <input type="checkbox"/> Existing Business/Initial Certificate of Occupancy* (FD/BI) | <input type="checkbox"/> Existing Business, New Owner* (N/A)      |
| <input type="checkbox"/> Existing Business Owner/New Business Name* (BI)             |   |
- "Existing business" in Alamo Heights since \* \_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct. I have answered the questions on the back of this form to the best of my knowledge. I further certify that the structure and/or space within which is proposed for occupancy or is currently occupied complies with codes in effect at the time of occupancy or currently adopted codes. The granting of a license/certificate does not presume to give authority to violate or cancel the provisions of any other state or local ordinances regulating construction, the performance of construction or the use of any land or buildings. Any conditions which may pose fire hazard and/or life safety concerns may be required to be brought into compliance with currently adopted codes. All application fees for Certificate of Occupancy are non-refundable. This certificate will not be issued until all other permits, fees, and building inspections have been completed, if applicable.

Applicant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Property Owner Signature: \_\_\_\_\_

\*\*\*SEE REVERSE TO ANSWER THE QUESTIONS ON THE BACK OF THIS FORM. THIS APPLICATION WILL NOT BE ACCEPTED IF INCOMPLETE.\*\*\*

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## For Office Use Only

Zoning \_\_\_\_\_: Sales Tax Jurisdiction: \_\_\_\_\_

The proposed land use is / is not permitted. Permitted Use (Per Table 3-8): \_\_\_\_\_.

Building Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Schedule Inspections: ☐ Fire ☐ Building

Revised 06-18-13

Provide a brief description of the proposed use of the building, space, or land: \_\_\_\_\_

### **Section 1: Commercial or Industrial Uses Only**

What is the square footage of lease space? \_\_\_\_\_

#### **Please Check:**

Is there an active building permit for this location? ☐ YES ☐ NO  
(If yes: all construction must be completed and permit inspections approved prior to CofO inspection request)

What was the previous use of the proposed lease space? \_\_\_\_\_

Are you enlarging a tenant space, combining suites or portions of suites? ☐ YES ☐ NO  
(If yes: Which suites? \_\_\_\_\_)

Will you store, use, dispense, or mix flammable or combustible liquids? ☐ YES ☐ NO  
(If yes: Which liquids? \_\_\_\_\_)

Is the building equipped with a fire sprinkler system? ☐ YES ☐ NO

Will food or beverages be manufactured, packaged, stored, distributed, sold, or prepared? ☐ YES ☐ NO  
(If yes: Food Establishment Permit is required)

Will alcoholic beverages be sold for consumption on the premises? ☐ YES ☐ NO  
(If yes: What is your TABC license #? \_\_\_\_\_)  
(Contact the Planning & Development Services Dept. to apply for the City of Alamo Heights Liquor License)

Will sexually-oriented business or adult entertainment be conducted or sold on premises? ☐ YES ☐ NO

Will this facility be providing care or supervision for thirteen (13) or more unrelated children under the age of fourteen (14) for periods of time less than 24 hours? ☐ YES ☐ NO

Is a grease trap located on the premises? ☐ YES ☐ NO

### **Section 2: Residential Home Occupations Only**

If applying for a home day care license:

How many children will be kept? \_\_\_\_\_ Ages? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Restrictions on Home Occupations:

Initial

- \* No advertisement of the home address for business purposes
- \* No on-site signage advertising the home occupation
- \* No services are permitted on-site other than by phone, fax, computer
- \* No outside employees may office from the residence or be present on-site
- \* No equipment will be added for operation of the home occupation other than normal home equipment
- \* No retail sales is intended and no increase in vehicular/pedestrian traffic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificates of Occupancy Fees*		
1) Commercial Structures (owner of property)	Single-tenant	\$150
"	Multi-tenant	\$250
"	Building Shell	\$0
2) Commercial structures: Tenants (based on occupied square footage (sf))	0 - 150 sf	\$50
"	151 - 500 sf	\$100
"	501 - 2000 sf	\$150
"	2001 - 10,000 sf	\$200
"	10,001 sf or greater	\$250
3) Multi-family properties with on-site management office or semi-public pool provided	All	\$100

**\*Fees shall not be charged for any certificates of occupancy for ownership of structure/property which existed prior to the adoption of this ordinance (April 12, 2010), or for tenants which existed prior to the adoption of this ordinance.**